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UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S) CS90103

GROUP ART UNIT: 2681

APPLN. NO.: 10/804,285

EXAMINER:

FILED: 03/19/2004

TITLE: APPARATUS AND METHOD FOR HANDOVER BETWEEN TWO
NETWORKS DURING AN ONGOING COMMUNICATION

TRANSMITTAL OF FORMAL DRAWINGS

Honorable Assistant Commissioner for Patents
Alexandria, VA. 22313

ATTN: OFFICIAL DRAFTSPERSON

SIR:

Enclosed are five (5) sheets of formal drawings, sheets 1/5 through 5/5,
FIGS. 1 through 6 for the above-identified application.

Respectfully submitted,
Pecen, et al.

Matthew C. Loppnow
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Reg. No. 45,314
Tel.: 847-523-2585

MOTOROLA, INC.
Customer Number: 20280

Not Status

5-9-05

checked and
1 is on List 5-11-05



Ifw

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	CS90103	10 804 285
Filing Date	03/19/2004	
First Named Inventor	Pecen, et al.	
Group Art Unit	2681	
Examiner Name		
Total Number of Pages in this Submission	9	Attorney Docket Number CS90103

ENCLOSURES

(check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-Related papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CDs _____	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter with appropriate copies <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Transmittal of Formal Drawings
Remarks		

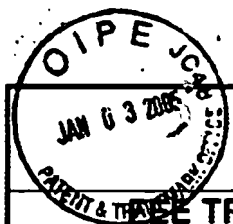
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Matthew C. Loppnow	Registration No.	45,314
Signature			
Date	12/30/04		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO to facsimile number _____ or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Alexandria, VA 22313 on the date listed below:

Typed or printed name	June Edwards		
Signature		Date	12/30/2004



PATENT & TRADEMARK OFFICE FEE TRANSMITTAL		Complete if Known	
		Application Number	CS90103
Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	03/19/2004
		First Named Inventor	Pecen, et al.
		Examiner Name	
Group Art Unit		2681	
TOTAL AMOUNT OF PAYMENT (\$)		0	
Attorney Docket No.		CS90103	
METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 502117 Deposit Account Name: Motorola, Inc. The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fees(s) indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description	
FEE CALCULATION		1051 130 2051 65 Surcharge - late filing fee or oath	
1. BASIC FILING FEE		1052 50 2052 25 Surcharge - late Provisional filing	
Large Entity Small Entity		1053 130 1053 130 Non-English specification	
Fee Fee		1812 2520 1812 2520 For filing a request for ex parte	
Code Code		Reexamination	
1001 790 2001 395 Utility filing fee		1804 920* 1804 920* Requesting publication of SIR prior to	
1002 350 2002 175 Design filing fee		Examiner action	
1003 550 2003 275 Plant filing fee		1805 1840* 1805 1840* Requesting publication of SIR after	
1004 790 2004 395 Reissue filing fee		Examiner action	
1005 160 2005 80 Provisional filing fee		1251 110 2251 55 Extension for reply within first month	
SUBTOTAL (1) (\$)		1252 430 2252 215 Extension for reply within second month	
0		1253 980 2253 490 Extension for reply within third month	
2. EXTRA CLAIM FEES		1254 1530 2254 765 Extension for reply within fourth month	
Previously Paid** Extra Claims Fee from below Fee Paid		1255 2080 2255 1040 Extension for reply within fifth month	
Total Claims 20 = 18 =		1401 340 2401 170 Notice of Appeal	
Independent Claims 3 = 88 =		1402 340 2402 170 Filing a brief in support of an appeal	
Multiple Dependent 300 =		1403 300 2403 150 Request for oral hearing	
Large Entity Small Entity		1451 1510 1451 1510 Petition to institute a public use	
Fee Fee		proceeding	
Code Code		1452 110 2452 55 Petition to revive - unavoidable	
1202 18 2202 9 Claims in excess of 20		1453 1370 2453 685 Petition to revive - unintentional	
1201 88 2201 44 Independent claims in excess of 3		1501 1370 2501 685 Utility issue fee (or reissue)	
1203 300 2203 150 Multiple dependent claim, if not paid		1502 490 2502 245 Design issue fee	
1204 88 2204 44 * Reissue independent claims over original patent		Plant issue fee	
1205 18 2205 9 * Reissue claims in excess of 20 and over original		1460 130 1460 130 Petitions to the Commissioner	
patent		1807 50 1807 50 Processing fee under 37 CFR 1.17(a)	
SUBTOTAL (2) (\$)		1806 180 1806 180 Submission of IDS	
0		8021 40 8021 40 Recording each patent assignment	
**or number previously paid, if greater; For Reissues, see above.		per property (times number of properties)	
SUBMITTED BY		1809 790 2809 395 Filing a submission after final	
Name (Print/Type) Matthew C. Loppnow		rejection (37 CFR § 1.129(a))	
Registration No. 45,314		1810 790 2810 395 For each additional invention to be	
Telephone 847-523-2585		examined (37 CFR § 1.129(b))	
Signature [Signature]		1801 790 2801 395 Request for Continued Examination	
Date 12/30/04		(RCE)	
		1802 900 1802 900 Request for expedited examination	
		of a design application	
		Other fee (specify)	
		SUBTOTAL (3) (\$)	
		0	
		* Reduced by Basic Filing Fee Paid	
		Complete (if applicable)	